



2025 Veterans Hall of Heroes Application Information:

Veterans Name : _____

Branch of Service : _____

Rank at time of discharge: _____

Sponsor Information:

Name: _____

Address: _____

Phone or Email: _____

I affirm this information is accurate, I will provide a shadow box to display for one year at the Hall of Heroes location at the Hillcrest Courthouse by the required date. If you have any questions, please call the chairman of the Laurens County Veterans LLC board @ (864) 876-8809

Name: _____ **Date** _____

Signature: _____

OFFICIAL USE ONLY

Date Received _____ **4x6 Photo**
DD214 _____ **Shadow Box** _____

This form supersedes all previous editions. (11/07/2024)